



Choosing your plan

Your two options from **Delta Dental**

Your employer has chosen to offer you two outstanding dental plans from Delta Dental of California (Delta Dental), one of the foremost dental benefits companies in the U.S.

This booklet provides highlights about both dental plans so that you can select the coverage option that best fits your needs and those of your family. We look forward to providing you with the great dental coverage, customer service and dentist access that so many enrollees have come to expect from Delta Dental.

When it comes to dental health plans, you want benefits that fit the needs of you and your family. Delta Dental PPOSM and DeltaCare[®] USA both offer comprehensive dental coverage, quality care and excellent customer service. Each plan has its own advantages.

Our PPO plan gives you freedom to choose any dentist, but you usually pay lower costs by visiting a PPO network dentist than when you visit a non-Delta Dental dentist. With the DeltaCare USA plan, you'll also have affordable out-of-pocket costs plus the convenience of knowing what your copayment is for covered procedures before you visit the dentist. However, you must visit your selected network dentist in order to receive benefits.

Compare Program Features

Delta Dental PPO

Plan Features

DeltaCare USA

Covered services paid at applicable percentage – for example, fillings are covered at 80% of allowed amount – you pay the remaining 20%

Copayments/ Coinsurance

Covered procedures have predetermined dollar copayments for services provided by network dentists (this means out-of-pocket costs are predictable)

Wide range of covered services
No exclusions for most pre-existing conditions

Coverage

Plan covers 250+ procedures
No copayments or low copayments for most diagnostic and preventive services
No exclusions for pre-existing conditions or missing teeth

Freedom to choose any licensed dentist
No referral required for specialty care

Dentist network

You must select a dentist from a list of network dental facilities and you must visit this dentist to receive benefits
Easy referrals to a large specialty care network

Change dentists any time without contacting Delta Dental

Changing your dentist

Ability to change selected or assigned network dentists via telephone or Internet

Coverage is provided only for treatment started and completed after your effective date of coverage under the Delta Dental plan

Transitions from previous plan

Coverage is provided only for treatment started and completed after your effective date of coverage under the plan

Plan will pay the remaining amount of the total case fee not paid by your former dental plan.
(Where plan includes orthodontic coverage)

Orthodontic Treatment in Progress (When covered under prior plan)

Covers new enrollees who, on the effective date of their coverage, are in active treatment started under their previous employer-sponsored dental plan
Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan

Preauthorization is not required

Authorization for specialty care treatment

Preauthorization is required for treatment provided by a specialist
Your DeltaCare USA dentist will coordinate your specialty care treatment authorization

Visit any licensed dentist

Out-of-area coverage

Limited to emergency care provision

Deductibles and annual maximums apply to most plan designs

Deductibles and Maximums

No annual deductible or annual dollar maximums

Delta Dental dentists file claim forms and accept payment directly from Delta Dental

Claims

Non-Delta Dental dentists may require payment up front, and require you to file a claim for reimbursement.

No claim forms required

You only need to pay the specified copayment at the time of your visit



Delta Dental PPO, our preferred provider organization (PPO) plan, provides access to the largest PPO dentist network in the U.S. Delta Dental PPO dentists agree to accept reduced fees for covered procedures when treating PPO patients. This means you will usually have lower out-of-pocket costs when you visit a PPO dentist than when you visit a non-Delta Dental dentist; however, you have the freedom to visit any licensed dentist, anywhere in the world.

Your Delta Dental plan provides you with a dual-network advantage. Not only do you have access to the Delta Dental PPO network, you also have access to the Delta Dental Premier[®] network. While PPO dentists generally offer deeper discounts, the Premier network provides you with access to the largest dental network of its type in the nation. Delta Dental dentists also provide other advantages such as filing claim forms for you and accepting payment directly from Delta Dental.

Delta Dental PPO offers:

- Reduced fees when you visit a Delta Dental PPO dentist
- Freedom to choose any licensed dentist, anywhere in the world
- The nation's largest dental PPO network, more than 104,000 dentist locations nationwide
- Dual network access with the Delta Dental Premier safety net
- Contractual protections shielding employees and their dependents from balance billing and billing for non-allowable procedures
- Claims convenience: Our 182,000 dentist locations in the United States handle all claims paperwork and most inquiries for Delta Dental patients

The following pages contain the benefits for your plan.

DELTA DENTAL OF CALIFORNIA

Client Name: CITY OF SAN JOSE

Group No.: 2584

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

Delta Dental offers you what no other dental plan can – The Delta Dental DifferenceSM. Here's what makes us a leading provider of dental benefits:

- **Exceptional Cost Savings** – Our networks protect enrollees from balance billing and prevent dentists from charging more by “unbundling” services that should be billed as one service. Your costs are usually lowest when you visit a Delta Dental dentist.
- **Guaranteed Coinsurance/Copayment** – Delta Dental dentists agree to accept our determination of fees. They won't balance bill over Delta Dental's approved amount.
- **Professional Treatment Standards** – Delta Dental reviews utilization patterns and office practices to ensure that Delta Dental dentists meet professional standards for safety and quality of care.

The Delta Dental PPO program allows you the freedom to visit any licensed dentist, including a dentist from our Delta Dental Premier[®] indemnity network. However, there are advantages to visiting a Delta Dental PPO network dentist instead of a Premier or non-Delta Dental dentist. Consider the information below:

IN-PPO NETWORK	OUT-OF-PPO NETWORK
DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER [®] DENTISTS & NON-DELTA DENTAL DENTISTS
You will usually pay the lowest amount for services when you visit a Delta Dental PPO dentist. PPO dentists agree to accept a reduced fee for PPO patients.	You are responsible for the difference between the amount Delta Dental pays and the amount your non-Delta Dental dentist bills. You will usually have the highest out-of-pocket costs when you visit a non-Delta Dental dentist. Premier dentists may not balance bill above Delta Dental's approved amount, so your out-of-pocket costs may be lower than with non-Delta Dental dentists' charges.
You are charged only the patient's share* at the time of treatment. Delta Dental pays its portion directly to the dentist.	Non-Delta Dental dentists may require you to pay the entire amount of the bill in advance and wait for reimbursement. Premier dentists charge you only the patient's share* at the time of treatment.
PPO dentists will complete claim forms and submit them for you at no charge.	You may have to complete and submit your own claim forms, or pay your non-Delta Dental dentist a service fee to submit them for you.** Premier dentists will complete claim forms and submit them for you at no charge.

SAMPLE CLAIM SAVINGS

	IN-PPO NETWORK	OUT-OF-PPO NETWORK	
	DELTA DENTAL PPO DENTISTS	DELTA DENTAL PREMIER DENTISTS	NON-DELTA DENTAL DENTISTS
Dentist bills (submitted charge)	\$180.00	\$180.00	\$180.00
Delta Dental's agreed upon fee	\$90.00	\$130.00	No fee agreement with Delta Dental
Delta Dental's payment 50%	\$45.00	\$65.00	\$55.00
Patient share*	\$45.00	\$65.00	\$125.00
Patient savings (over non-Delta Dental dentist patient share)	\$80.00	\$60.00	N/A

* Patient's share is the coinsurance/copayment, any remaining deductible, any amount over the annual maximum and any services your plan does not cover.

** If you visit a non-network dentist, Delta Dental will send the benefit payment directly to you. You are responsible for paying the non-network dentist's total fee, which may include amounts in excess of your share of your plan's contract allowance.

The following information is not intended or designed to replace or serve as an Evidence of Coverage or Summary Plan Description for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your company's benefits representative.

BENEFIT HIGHLIGHTS FOR DELTA DENTAL PPO

WHO'S ELIGIBLE	Primary enrollee, spouse and eligible dependent children to age 19 or to age 24 if dependent is full-time student (includes domestic partner)			
DEDUCTIBLES	N/A			
DEDUCTIBLE WAIVED FOR DIAGNOSTIC & PREVENTIVE?	N/A			
ANNUAL MAXIMUM	The maximum benefit paid per calendar year is \$1,500 per person			
WAITING PERIOD(S)	Basic Benefits None	Crowns & Casts None	Orthodontics None	Prosthodontics None

BENEFITS AND COVERED SERVICES*	In-PPO Network**	Out-Of-PPO Network**
DIAGNOSTIC & PREVENTIVE BENEFITS -- Oral examinations, routine cleanings, x-rays, fluoride treatment, space maintainers, specialist consultations	100%	85%
BASIC BENEFITS -- Fillings, root canals, periodontics (gum treatment), tissue removal (biopsy), oral surgery (extractions), sealants	85%	85%
CROWNS, OTHER CAST RESTORATIONS -- Crowns, inlays, onlays and cast restorations	85%	85%
PROSTHODONTICS -- Bridges, partial dentures, full dentures	65%	60%
ORTHODONTIC BENEFITS -- adults and dependent children	60%	60%
ORTHODONTIC MAXIMUMS	\$2,000 Lifetime	\$2,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded. Please refer to your Evidence of Coverage or Summary Plan Description for waiting periods and a list of benefit limitations and exclusions.

** Fees are based on PPO fees for in-network dentists and the maximum plan allowance (MPA) for out-of-network dentists. Reimbursement is paid on Delta Dental contract allowances and not necessarily each dentist's actual fees.



Delta Dental of California
100 First Street
San Francisco, CA 94105

Customer Service
800-765-6003

Online Services
www.deltadentalins.com

Claims Address
P.O. Box 997330, Sacramento, CA 95899-7330

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Delta Dental PPOSM

Using your plan



Delta Dental PPO, our preferred provider organization (PPO) plan,* provides access to the largest network of its kind nationwide. Delta Dental PPO dentists agree to accept reduced fees for covered procedures when treating PPO patients. This means your out-of-pocket costs are usually lower when you visit a PPO dentist than when you visit a non-Delta Dental dentist.

When you're covered under the PPO plan, you and your family members:

- Can visit any licensed dentist, including the dental specialist of your choice
- May change dentists at any time without notifying us
- Can receive dental care anywhere in the world (out-of-network benefits apply)
- Will never have to pay more than the patient's share** at the time of treatment or file claim forms when you visit a Delta Dental dentist. Delta Dental dentists file claim forms for you and accept payment directly from Delta Dental.

Know your coverage

This brochure provides general information about your benefits coverage, but you may also want to visit our web site after your effective date to review additional details of your plan. Our secure and convenient online services allow you to:

- Review benefits and verify eligibility
- Check claims status
- Print an ID card
- Submit a question to Customer Service

When you visit your dentist, we recommend that you bring a copy of your eligibility and benefits information, including your group number and enrollee ID number. This will help the dental office submit your dental claims.

* In Texas, Delta Dental Insurance Company underwrites a Dental Provider Organization (DPO) plan.

** Patient's share is the coinsurance amount, any remaining portion of the deductible, any amounts over plan maximums and any non-covered services.

What to know before your dental visit

Find a Delta Dental PPO dentist

A current listing of dental offices that are part of Delta Dental's networks can be found using our online dentist directory. Visit our web site and click on "Find a Dentist" on our home page. Simply follow the instructions, selecting "Delta Dental PPO" and the state in which you wish to search, and then submit.

Each dentist listed in our directory has been credentialed by Delta Dental, which includes license and insurance coverage verification, specialty certification and compliance with the dental profession's health, hygiene and safety standards.

Is your current dentist a Delta Dental PPO dentist?

We recommend that you verify your current dentist's participation in the Delta Dental PPO network. Simply asking if a dentist "accepts Delta Dental" does not guarantee he or she is a PPO dentist. Make sure you specifically ask if he or she is a contracted Delta Dental PPO dentist. We also recommend that you verify your dentist's participation before each dental appointment.

When you can't find a PPO dentist

The Delta Dental Premier® network — our larger network — provides cost-saving features and is the next best option when you can't find a PPO dentist. If you must visit a non-PPO dentist, a Delta Dental Premier dentist will usually save you more money than if you visit a non-Delta Dental dentist. While Premier dentists' contracted fees are often slightly higher than PPO dentists' fees, Premier dentists will not bill you above Delta Dental's approved amount; non-Delta Dental dentists may bill you up to their full fees, a practice called "balance billing." You can find a Premier dentist using our online dentist directory.

When you can't find your dentist in the directory

We recognize that many people have a long-standing relationship with their dentist and may not want to change dental providers. We invite you to recommend your dentist for inclusion in the Delta Dental PPO network. Please visit the "Find a Dentist" page on our web site and complete the "Recommend Your Dentist" form. We will contact your dentist to provide more details. You can help by telling your dentist how important your PPO benefits are to you and that you would like him or her to consider becoming a Delta Dental PPO dentist.

Check your eligibility and benefits online

If you are visiting our web site for the first time, you will need to complete a one-time registration to log in and verify your eligibility, check your benefits for covered services and view maximums and deductible information. You may also print an ID card, although it is not required to receive services. You may simply provide the dental office with your group number and the enrollee ID number.

Dual coverage/Coordination of benefits

If your spouse has coverage with another dental plan and you or your family members are covered by both dental plans, the two plans will coordinate benefits to potentially lower your out-of-pocket costs. Ask your dentist to indicate the other plan's information on the claim form submitted to Delta Dental and we'll take it from there. Group-specific exceptions may apply. Please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan's coordination of benefits, including rules for determining primary and secondary coverage.

Orthodontic treatment in progress

If your Delta Dental plan includes orthodontic benefits, payment for orthodontic treatment in progress depends on the specific provisions of your plan. Typically, treatment in progress is covered and Delta Dental begins paying during the first eligible month. The amount calculated to be Delta Dental's liability will be paid accordingly (lump sum or installments), subject to the lifetime (in some cases, annual) maximum benefits for orthodontic services. Under some plans, however, you may not be eligible for work in progress or you may lose eligibility if your coverage has lapsed for more than 30 or 60 days.

Transitioning from another plan?

Any dental treatment in progress when your coverage begins — such as root canals, crowns and bridgework — is not covered under your Delta Dental plan, and your former dental plan should assume responsibility. Delta Dental will cover treatment started and completed after your plan's effective date of coverage.

What to know during your dental visit

Talk to your dentist about your health and treatment options

When you visit the dentist, be sure to share your dental and medical history and any prior complications. Dentists can identify signs of more serious health conditions and should be made aware of health information that may be critical to your dental care.

Your hygienist is a great resource for dental health information to help you guard against tooth decay and gum disease. Take advantage of your visit to find out if you are using proper dental hygiene techniques and tools (for example, if you are brushing and flossing correctly and choosing the most appropriate products for your situation).

Ask your dentist to explain the pros and cons of each dental treatment option, including the future costs or consequences of postponing or avoiding treatment.

Pre-treatment estimates (also called “predeterminations”)

Determine costs ahead of time by asking your dentist to submit the treatment plan to Delta Dental for a free pre-treatment estimate before any treatment is provided. Delta Dental will verify your specific plan coverage and the cost of the treatment and provide an estimate of your coinsurance and what Delta Dental will pay. Remember that you and your dentist should make decisions about your treatment plan based on your dental needs and not necessarily on the reimbursement by your dental plan.

Claim submission

Delta Dental dentists will submit claims for you. If you visit a non-Delta Dental dentist, you may need to submit your own claim. You can download a form from the Enrollee page of our web site.

What to know after your dental visit

Questions about your plan

If you have questions, you can check your benefits and eligibility information on our web site or on our interactive voice response telephone line. For more information, you may also contact one of our helpful Customer Service

representatives during business hours. You can sign up on our web site for our free dental health e-newsletter, Dental Wire, which provides valuable information about dental health topics and how to maximize your benefits.

Claim review

After a claim has been processed, you will receive a Benefit Statement/Notice of Payment from Delta Dental. This document lists the services provided and costs of the dental treatment submitted by your dentist. Please review the services and costs to ensure that the patient coinsurance amount charged by your dentist is correct. Contact your dental office if you find any discrepancies. Delta Dental’s Customer Service representatives are available to help explain your Benefit Statement/Notice of Payment.

Questions about quality of care

Delta Dental is committed to ensuring you receive quality dental care. We actively monitor the performance of our network dentists to ensure they comply with our criteria for hygiene, quality of care and other rigorous standards. If you are unhappy with the dental care you received from a Delta Dental dentist, we can arrange for you to be examined by one of our consulting dentists in your area. If the dental consultant agrees that the work was faulty, we will ensure that the original dentist either corrects the work at no additional cost or grants a refund. If granted a refund, you may choose another dentist and have the treatment corrected.

General information about types of dentists

Don’t wait until you have a serious dental concern before you visit a dentist. Schedule regular dental visits for cleanings and exams — professional care can keep your teeth healthy and keep treatment costs down. To find a dentist, seek recommendations from friends, family or co-workers. You may contact the local or state dental society for independent referrals or questions about individual dentists. The information below can be a helpful resource if your dentist recommends specialty care.*

Types of dentists/specialists:

- **General dentists** provide a full range of services for the entire family and may refer you to a specialist if your dental treatment requires specialized skills, experience or equipment. Your general dentist should share your dental records (charts, x-rays) with any specialist you need to see.
- **Endodontists** specialize in diseases and injuries of the tooth pulp, performing such services as root canals.
- **Oral surgeons** remove impacted teeth and repair fractures of the jaw and other damage to the bone structure around the mouth.
- **Orthodontists** correct misaligned teeth and jaws, usually by applying braces.
- **Pediatric dentists** limit their practices to children and teenagers.
- **Periodontists** treat diseases of the tissues that support and surround the teeth.
- **Prosthodontists** specialize in the restoration of natural teeth and/or the replacement of natural teeth with crowns, bridges, dentures, implants and other procedures.

* Some procedures or visits to specialty care dentists may not be covered; please review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific benefit details.



Our DHMO plan, DeltaCare USA features set copayments, no annual deductibles and no maximums for covered benefits. Enrollees must select a primary care dentist in the DeltaCare USA network to receive benefits. DeltaCare USA plans offer cost-effective, comprehensive benefits from the oldest and largest provider of DHMO coverage in California.

DeltaCare USA promotes great dental health for you and your family with quality dental benefits at an affordable cost. By covering many diagnostic and preventive services at no cost or with very low copayments, Delta Dental encourages regular preventive dental visits. When you enroll, you select a DeltaCare USA dentist to provide services for your family. All of our network dentists' offices are independently-owned and contractually required to adhere to Delta Dental's standards of care, quality and service.

DeltaCare USA gives you quality, convenience and cost savings

- Extensive benefits for you and your family
- No deductible or annual dollar maximum
- Clearly defined out-of-pocket costs
- No restrictions on preexisting conditions, except treatment in progress
- Low turnover of network dentists; you can establish a long-term relationship with your dentist
- No claim forms to complete
- Expanded business hours for toll-free customer service

The following pages contain the Description of Benefits and Copayments for your plan.

SCHEDULE A**Description of Benefits and Copayments**

The benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the program. Please refer to *Schedule B* for further clarification of benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as CDT-2009 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association. The American Dental Association may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.

CODE	DESCRIPTION	ENROLLEE PAYS
D0100-D0999 I. DIAGNOSTIC		
D0120	Periodic oral evaluation - established patient	No Cost
D0140	Limited oral evaluation - problem focused	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	No Cost
D0150	Comprehensive oral evaluation - new or established patient	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)	No Cost
D0180	Comprehensive periodontal evaluation - new or established patient	No Cost
D0210	Intraoral <i>radiographs</i> - complete series (including bitewings) - <i>limited to 1 series every 24 months</i>	No Cost
D0220	Intraoral - periapical first film	No Cost
D0230	Intraoral - periapical each additional film	No Cost
D0240	Intraoral - occlusal film	No Cost
D0250	Extraoral - first film	No Cost
D0260	Extraoral - each additional film	No Cost
D0270	Bitewing <i>radiograph</i> - single film	No Cost
D0272	Bitewings <i>radiographs</i> - two films	No Cost
D0273	Bitewings <i>radiographs</i> - three films	No Cost
D0274	Bitewings <i>radiographs</i> - four films - <i>limited to 1 series every 6 months</i>	No Cost
D0277	Vertical bitewings - 7 to 8 films	No Cost
D0330	Panoramic film	No Cost
D0415	Collection of microorganisms for culture and sensitivity	No Cost
D0425	Caries susceptibility tests	No Cost
D0460	Pulp vitality tests	No Cost
D0470	Diagnostic casts	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i>	No Cost
D1000-D1999 II. PREVENTIVE		
D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 per 6 month period</i>	No Cost
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period)	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 per 6 month period</i>	No Cost
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period)	\$35.00
D1203	Topical application of fluoride - child - <i>to age 19; 1 per 6 month period</i>	No Cost
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients - <i>child to age 19; 1 per 6 month period</i>	No Cost
D1310	Nutritional counseling for control of dental disease	No Cost
D1330	Oral hygiene instructions	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i>	No Cost
D1510	Space maintainer - fixed - unilateral	No Cost
D1515	Space maintainer - fixed - bilateral	No Cost
D1520	Space maintainer - removable - unilateral	No Cost
D1525	Space maintainer - removable - bilateral	No Cost

D1550	Re-cementation of space maintainer	No Cost
D1555	Removal of fixed space maintainer	No Cost

D2000-D2999 III. RESTORATIVE

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.

- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.

- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent	No Cost
D2150	Amalgam - two surfaces, primary or permanent	No Cost
D2160	Amalgam - three surfaces, primary or permanent	No Cost
D2161	Amalgam - four or more surfaces, primary or permanent	No Cost
D2330	Resin-based composite - one surface, anterior	No Cost
D2331	Resin-based composite - two surfaces, anterior	No Cost
D2332	Resin-based composite - three surfaces, anterior	No Cost
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior)	No Cost
D2390	Resin-based composite crown, anterior	No Cost
D2391	Resin-based composite - one surface, posterior	\$25.00
D2392	Resin-based composite - two surfaces, posterior	\$35.00
D2393	Resin-based composite - three surfaces, posterior	\$45.00
D2394	Resin-based composite - four or more surfaces, posterior	\$55.00
D2510	Inlay - metallic - one surface	No Cost
D2520	Inlay - metallic - two surfaces	No Cost
D2530	Inlay - metallic - three or more surfaces	No Cost
D2542	Onlay - metallic - two surfaces	No Cost
D2543	Onlay - metallic - three surfaces	No Cost
D2544	Onlay - metallic - four or more surfaces	No Cost
D2610	Inlay - porcelain/ceramic - one surface	No Cost
D2620	Inlay - porcelain/ceramic - two surfaces	No Cost
D2630	Inlay - porcelain/ceramic - three or more surfaces	No Cost
D2642	Onlay - porcelain/ceramic - two surfaces	No Cost
D2643	Onlay - porcelain/ceramic - three surfaces	No Cost
D2644	Onlay - porcelain/ceramic - four or more surfaces	No Cost
D2650	Inlay - resin-based composite - one surface	No Cost
D2651	Inlay - resin-based composite - two surfaces	No Cost
D2652	Inlay - resin-based composite - three or more surfaces	No Cost
D2662	Onlay - resin-based composite - two surfaces	No Cost
D2663	Onlay - resin-based composite - three surfaces	No Cost
D2664	Onlay - resin-based composite - four or more surfaces	No Cost
D2710	Crown - resin-based composite (indirect)	No Cost
D2712	Crown - $\frac{3}{4}$ resin-based composite (indirect)	No Cost
D2720	Crown - resin with high noble metal	\$175.00
D2721	Crown - resin with predominantly base metal	\$75.00
D2722	Crown - resin with noble metal	\$115.00
D2740	Crown - porcelain/ceramic substrate	\$175.00
D2750	Crown - porcelain fused to high noble metal	\$175.00
D2751	Crown - porcelain fused to predominantly base metal	\$75.00
D2752	Crown - porcelain fused to noble metal	\$115.00
D2780	Crown - $\frac{3}{4}$ cast high noble metal	\$175.00
D2781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$75.00
D2782	Crown - $\frac{3}{4}$ cast noble metal	\$115.00
D2783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$175.00
D2790	Crown - full cast high noble metal	\$175.00
D2791	Crown - full cast predominantly base metal	\$75.00
D2792	Crown - full cast noble metal	\$115.00
D2794	Crown - titanium	\$175.00
D2910	Recement inlay, onlay or partial coverage restoration	No Cost
D2915	Recement cast or prefabricated post and core	No Cost

D2920	Recement crown	No Cost
D2930	Prefabricated stainless steel crown - primary tooth	No Cost
D2931	Prefabricated stainless steel crown - permanent tooth	No Cost
D2932	Prefabricated resin crown - <i>anterior primary tooth</i>	No Cost
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i>	No Cost
D2940	Sedative filling	No Cost
D2950	Core buildup, including any pins	No Cost
D2951	Pin retention - per tooth, in addition to restoration	No Cost
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i>	No Cost
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	No Cost
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i>	No Cost
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	No Cost
D2970	Temporary crown (fractured tooth) - <i>palliative treatment only</i>	No Cost
D2980	Crown repair, by report	No Cost

D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration)	No Cost
D3120	Pulp cap - indirect (excluding final restoration)	No Cost
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	No Cost
D3221	Pulpal debridement, primary and permanent teeth	No Cost
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.	No Cost
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	No Cost
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	No Cost
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration)	No Cost
D3320	<i>Root canal</i> - endodontic therapy, bicuspid tooth (excluding final restoration)	No Cost
D3330	<i>Root canal</i> - endodontic therapy, molar (excluding final restoration)	No Cost
D3331	Treatment of root canal obstruction; non-surgical access	No Cost
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	No Cost
D3333	Internal root repair of perforation defects	No Cost
D3346	Retreatment of previous root canal therapy - anterior	No Cost
D3347	Retreatment of previous root canal therapy - bicuspid	No Cost
D3348	Retreatment of previous root canal therapy - molar	No Cost
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	No Cost
D3410	Apicoectomy/periradicular surgery - anterior	No Cost
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)	No Cost
D3425	Apicoectomy/periradicular surgery - molar (first root)	No Cost
D3426	Apicoectomy/periradicular surgery (each additional root)	No Cost
D3430	Retrograde filling - per root	No Cost
D3450	Root amputation, per root	No Cost
D3920	Hemisection (including any root removal), not including root canal therapy	No Cost

D4000-D4999 V. PERIODONTICS

- Includes preoperative and postoperative evaluations and treatment under local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4245	Apically positioned flap	No Cost
D4260	Osseous surgery (including flap entry and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	No Cost

D4261	Osseous surgery (including flap entry and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	No Cost
D4263	Bone replacement graft - first site in quadrant	No Cost
D4264	Bone replacement graft - each additional site in quadrant	No Cost
D4270	Pedicle soft tissue graft procedure	No Cost
D4271	Free soft tissue graft procedure (including donor site surgery)	No Cost
D4274	Distal or proximal wedge procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	No Cost
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i>	No Cost
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis - <i>limited to 1 treatment in any 12 consecutive months</i>	No Cost
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i>	No Cost
D4910	Additional periodontal maintenance (within the 6 month period)	\$55.00

D5000-D5899 VI. PROSTHODONTICS (removable)

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary	No Cost
D5120	Complete denture - mandibular	No Cost
D5130	Immediate denture - maxillary	No Cost
D5140	Immediate denture - mandibular	No Cost
D5211	Maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	No Cost
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	No Cost
D5410	Adjust complete denture - maxillary	No Cost
D5411	Adjust complete denture - mandibular	No Cost
D5421	Adjust partial denture - maxillary	No Cost
D5422	Adjust partial denture - mandibular	No Cost
D5510	Repair broken complete denture base	No Cost
D5520	Replace missing or broken teeth - complete denture (each tooth)	No Cost
D5610	Repair resin denture base	No Cost
D5620	Repair cast framework	No Cost
D5630	Repair or replace broken clasp	No Cost
D5640	Replace broken teeth - per tooth	No Cost
D5650	Add tooth to existing partial denture	No Cost
D5660	Add clasp to existing partial denture	No Cost
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	No Cost
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	No Cost
D5710	Rebase complete maxillary denture	No Cost
D5711	Rebase complete mandibular denture	No Cost
D5720	Rebase maxillary partial denture	No Cost
D5721	Rebase mandibular partial denture	No Cost
D5730	Reline complete maxillary denture (chairside)	No Cost
D5731	Reline complete mandibular denture (chairside)	No Cost
D5740	Reline maxillary partial denture (chairside)	No Cost
D5741	Reline mandibular partial denture (chairside)	No Cost
D5750	Reline complete maxillary denture (laboratory)	No Cost
D5751	Reline complete mandibular denture (laboratory)	No Cost
D5760	Reline maxillary partial denture (laboratory)	No Cost
D5761	Reline mandibular partial denture (laboratory)	No Cost

D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i>	No Cost
D5850	Tissue conditioning, maxillary	No Cost
D5851	Tissue conditioning, mandibular	No Cost

D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered**D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.

- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal	\$175.00
D6211	Pontic - cast predominantly base metal	\$75.00
D6212	Pontic - cast noble metal	\$115.00
D6240	Pontic - porcelain fused to high noble metal	\$175.00
D6241	Pontic - porcelain fused to predominantly base metal	\$75.00
D6242	Pontic - porcelain fused to noble metal	\$115.00
D6245	Pontic - porcelain/ceramic	\$175.00
D6250	Pontic - resin with high noble metal	\$175.00
D6251	Pontic - resin with predominantly base metal	\$75.00
D6252	Pontic - resin with noble metal	\$115.00
D6600	Inlay - porcelain/ceramic, two surfaces	No Cost
D6601	Inlay - porcelain/ceramic, three or more surfaces	No Cost
D6602	Inlay - cast high noble metal, two surfaces	\$100.00
D6603	Inlay - cast high noble metal, three or more surfaces	\$100.00
D6604	Inlay - cast predominantly base metal, two surfaces	No Cost
D6605	Inlay - cast predominantly base metal, three or more surfaces	No Cost
D6606	Inlay - cast noble metal, two surfaces	\$40.00
D6607	Inlay - cast noble metal, three or more surfaces	\$40.00
D6608	Onlay - porcelain/ceramic, two surfaces	No Cost
D6609	Onlay - porcelain/ceramic, three or more surfaces	No Cost
D6610	Onlay - cast high noble metal, two surfaces	\$100.00
D6611	Onlay - cast high noble metal, three or more surfaces	\$100.00
D6612	Onlay - cast predominantly base metal, two surfaces	No Cost
D6613	Onlay - cast predominantly base metal, three or more surfaces	No Cost
D6614	Onlay - cast noble metal, two surfaces	\$40.00
D6615	Onlay - cast noble metal, three or more surfaces	\$40.00
D6720	Crown - resin with high noble metal	\$175.00
D6721	Crown - resin with predominantly base metal	\$75.00
D6722	Crown - resin with noble metal	\$115.00
D6740	Crown - porcelain/ceramic	\$175.00
D6750	Crown - porcelain fused to high noble metal	\$175.00
D6751	Crown - porcelain fused to predominantly base metal	\$75.00
D6752	Crown - porcelain fused to noble metal	\$115.00
D6780	Crown - $\frac{3}{4}$ cast high noble metal	\$175.00
D6781	Crown - $\frac{3}{4}$ cast predominantly base metal	\$75.00
D6782	Crown - $\frac{3}{4}$ cast noble metal	\$115.00
D6783	Crown - $\frac{3}{4}$ porcelain/ceramic	\$175.00
D6790	Crown - full cast high noble metal	\$175.00
D6791	Crown - full cast predominantly base metal	\$75.00
D6792	Crown - full cast noble metal	\$115.00
D6930	Recement fixed partial denture	No Cost
D6940	Stress breaker	No Cost
D6970	Post and core in addition to fixed partial denture retainer, indirectly fabricated - <i>includes canal preparation</i>	No Cost
D6972	Prefabricated post and core in addition to fixed partial denture retainer - <i>base metal post; includes canal preparation</i>	No Cost

D6973	Core buildup for retainer, including any pins	No Cost
D6976	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i>	No Cost
D6977	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i>	No Cost
D6980	Fixed partial denture repair, by report	No Cost

D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY

- *Includes preoperative and postoperative evaluations and treatment under local anesthetic.*

D7111	Extraction, coronal remnants - deciduous tooth	No Cost
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	No Cost
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	No Cost
D7220	Removal of impacted tooth - soft tissue	No Cost
D7230	Removal of impacted tooth - partially bony	No Cost
D7240	Removal of impacted tooth - completely bony	No Cost
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	No Cost
D7250	Surgical removal of residual tooth roots (cutting procedure)	No Cost
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth	No Cost
D7280	Surgical access of an unerupted tooth	No Cost
D7282	Mobilization of erupted or malpositioned tooth to aid eruption	No Cost
D7283	Placement of device to facilitate eruption of impacted tooth	No Cost
D7286	Biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i>	No Cost
D7310	Alveoplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7311	Alveoplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7320	Alveoplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant	No Cost
D7321	Alveoplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	No Cost
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible)	No Cost
D7472	Removal of torus palatinus	No Cost
D7473	Removal of torus mandibularis	No Cost
D7510	Incision and drainage of abscess - intraoral soft tissue	No Cost
D7960	Frenulectomy (frenectomy or frenotomy) - separate procedure	No Cost
D7970	Excision of hyperplastic tissue - per arch	No Cost
D7971	Excision of pericoronal gingiva	No Cost

D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.*

- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

Pre and post orthodontic records include:

The benefit for pre-treatment records and diagnostic services includes: \$200.00

D0210	Intraoral - complete series (including bitewings)
D0322	Tomographic survey
D0330	Panoramic film
D0340	Cephalometric film
D0350	Oral/facial photographic images
D0470	Diagnostic casts

The benefit for post-treatment records includes: \$70.00

D0210	Intraoral - complete series (including bitewings)
D0470	Diagnostic casts

D8010	Limited orthodontic treatment of the primary dentition	\$600.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$600.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$600.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i>	\$800.00
D8050	Interceptive orthodontic treatment of the primary dentition	\$600.00
D8060	Interceptive orthodontic treatment of the transitional dentition	\$600.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i>	\$1,000.00

D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i>	\$1,000.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> ..	\$1,000.00
D8660	Pre-orthodontic treatment visit	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers)	\$275.00
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i>	\$100.00

D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure	No Cost
D9211	Regional block anesthesia	No Cost
D9212	Trigeminal division block anesthesia	No Cost
D9215	Local anesthesia	No Cost
D9220	Deep sedation/general anesthesia - first 30 minutes	\$165.00
D9221	Deep sedation/general anesthesia - each additional 15 minutes	\$80.00
D9241	Intravenous conscious sedation/analgesia - first 30 minutes	\$165.00
D9242	Intravenous conscious sedation/analgesia - each additional 15 minutes	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	No Cost
D9440	Office visit - after regularly scheduled hours	No Cost
D9450	Case presentation, detailed and extensive treatment planning	No Cost
D9940	Occlusal guard, by report - <i>limited to 1 in 3 years</i>	\$95.00
D9951	Occlusal adjustment, limited	\$20.00
D9952	Occlusal adjustment, complete	\$40.00
D9972	External bleaching - per arch - <i>limited to one bleaching tray and gel for two weeks of self treatment</i>	\$125.00
D9999	Unspecified adjunctive procedure, by report - <i>includes failed appointment without 24 hour notice - per 15 minutes of appointment time - up to an overall maximum of \$40.00</i>	\$10.00

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be preauthorized in writing by Delta Dental. The Enrollee pays the Copayment specified for such services.

Procedures not listed above are not covered, however, may be available at the Contract Dentist's "filed fees." "Filed fees" means the Contract Dentist's fees on file with Delta Dental. Questions regarding these fees should be directed to Delta Dental's Customer Service department at 800-422-4234.

SCHEDULE B

Limitations of Benefits

Limitations

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon prior authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

Exclusions of Benefits

Exclusions

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
 - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
 - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9972, External bleaching, per arch, or for conditions that are a result of hereditary or developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.
4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers and crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, a preauthorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.

13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

Using your plan



DeltaCare USA, the DHMO offered by Delta Dental of California, promotes great dental health for you and your family with quality dental benefits at an affordable cost. By covering many services at little or no cost to you, Delta Dental encourages regular preventive dental visits. When you enroll, you select a contracted DeltaCare USA dentist to provide services for your family.

DeltaCare USA enrollees also enjoy great features including out-of-area emergency coverage, an orthodontic treatment in progress provision and expanded business hours for toll-free customer service.

When you are covered by a DeltaCare USA plan, you and your family members:

- Won't be subject to annual deductibles or maximums
- Will know in advance what your out-of-pocket costs will be
- Won't be subject to restrictions on pre-existing conditions, except for work in progress
- Won't have to complete claim forms and submit them for reimbursement

What to know before your dental visit

Select a DeltaCare USA dentist

When you enroll, Delta Dental will provide you with a current list of DeltaCare USA dentists so that you may choose a dentist that is convenient for you and your family. If you do not select a dentist, we will select a dentist for you. You can change your selected network dentist via telephone or through our web site. Family members may select a different DeltaCare USA dentist (up to three per family) for treatment within the covered DeltaCare USA service area.

Know the name and location of your DeltaCare USA dentist

You must visit your selected DeltaCare USA dentist to receive benefits under your plan. If you change your DeltaCare USA dentist by the 21st of the month, the change will be effective on the first day of the following month. If your dentist's network status changes, Delta Dental will notify you, but you may always verify your dentist's status with us by calling Customer Service or by visiting our web site – www.deltadentalins.com.

Recommend your dentist

We recognize that many people have a long-standing relationship with their dentist and wish to continue treatment with that dentist. If your dentist is not a DeltaCare USA dentist, we invite you to recommend him or her for inclusion in our network. Please visit our web site and complete the "Nominate Your Dentist" form. We will contact your dentist to discuss how he or she can join our network. You can help by telling your dentist how important your DeltaCare USA benefits are to you and that you would like him or her to consider becoming a network dentist.

Know your coverage

Following enrollment in DeltaCare USA, you will receive an ID card and a plan booklet. Your booklet contains a complete list of the procedures and copayments that are covered for your plan, as well as plan limitations and exclusions. Delta Dental will also include in your packet the name, address and phone number of your DeltaCare USA dentist. Simply call the dental office to make an appointment. We will notify your DeltaCare USA dentist about your enrollment in the plan, as well as other important details about your coverage such as dependent information, group number and enrollee ID number. One of the great features of the plan is that you have a list of the copayments and covered services so you can always refer to it before your visit to the dentist.

Check your eligibility and benefits online

You may access your benefits and eligibility, and print additional ID cards online at www.deltadentalins.com. If you are visiting our web site for the first time, you will

need to complete a one-time registration to log in and verify your plan and eligibility. You may also print an ID card, although it is not required that you present the ID card to receive services. Just provide the dental office with your group number and enrollee ID number. Our secure and convenient online services also allow you to submit a question electronically to Customer Service.

Dual coverage / Coordination of benefits

If you or your covered family members are also covered by another dental plan (such as a spouse's dental plan), we do not coordinate benefits with the other plan when you receive treatment from your DeltaCare USA dentist. However, if you receive authorized specialist treatment we will coordinate benefits with the other carrier. Ask the specialist to indicate the other carrier's information on the claim form submitted to Delta Dental and we'll take it from there. (Please refer to your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan's coordination of benefits policy.)

Orthodontic treatment in progress

DeltaCare USA has an orthodontic treatment in progress provision that allows new enrollees to continue treatment with their current orthodontist, so long as the enrollee is in active treatment started under his or her previous employer-sponsored dental plan. Enrollees are responsible for all copayments and fees subject to the provisions of their prior dental plan.

Transitioning from another plan?

Your DeltaCare USA plan has no exclusion for pre-existing dental conditions or missing teeth. However, if treatment (such as teeth prepared for crowns, root canals in progress and a partial or full denture for which the impression has been taken) was started before the effective date of your DeltaCare USA coverage, it is not covered under this plan. Your DeltaCare USA plan will provide benefits for care started and completed only after the effective date of your coverage.

What to know during your dental visit

Talk to your dentist about your health and treatment options

Be sure to share your dental and medical history and any prior complications with your dentist. Dentists can identify signs of more serious health conditions and should be made aware of health information that may be critical to your dental care.

Your hygienist is also a good resource for dental health information to help you guard against tooth decay and gum disease. Take advantage of your visit to find out if you are using proper dental hygiene techniques and tools

(for example, if you are brushing and flossing correctly and choosing the most appropriate products for your situation).

Ask your dentist to explain the pros and cons of each dental treatment option, including the cost or consequences of postponing or avoiding treatment.

Authorizations

Delta Dental must authorize any dental services that are not performed by your DeltaCare USA general dentist, other than emergency treatment. If you require treatment from a specialist, your DeltaCare USA dentist will coordinate any referrals for you.

What to know after your dental visit

If you have questions about your plan or your dental health

With DeltaCare USA, there are no claim forms to submit. And, since you are responsible only for the copayment at the time of treatment, you will not receive a claims statement.

If you have questions, you can check your benefits and eligibility information on our web site or on our interactive voice response telephone line. For more information, you may also contact one of our helpful Customer Service representatives during business hours. For more information, check out our free dental health e-newsletter, *Dental Wire*, which provides valuable dental health topics and information about maximizing your benefits.

Quality of care

Delta Dental is committed to ensuring you receive quality dental care. We actively monitor the performance of our network dentists to ensure they comply with our criteria for hygiene, quality of care and other rigorous standards. If you have questions about your experience with a DeltaCare USA dentist, please contact our Customer Service department for more information. We can often resolve your questions at the time of your call. If we can't provide the information you need during your call, you can rest assured that we'll make it a priority to follow up with you in a timely manner.

In California, DeltaCare USA is underwritten and administered by Delta Dental of California.

General information about types of dentists

Don't wait until you have a serious dental problem before you visit a dentist. Schedule regular dental visits for cleanings and exams — professional care can keep your teeth healthy and keep treatment costs down. Your dental care will always be coordinated through your DeltaCare USA general dentist, but this list can be a helpful resource if your dentist recommends specialty care.*

Types of dentists/specialists:

- **General dentists** provide a full range of services for the entire family and may refer you to a specialist if your dental treatment requires specialized skills, experience or equipment. Your general dentist should share your dental records (charts, x-rays) with any specialist you need to see.
- **Endodontists** specialize in diseases and injuries of the tooth pulp, performing such services as root canals.
- **Oral surgeons** remove impacted teeth and repair fractures of the jaw and other damage to the bone structure around the mouth.
- **Orthodontists** correct misaligned teeth and jaws, usually by applying braces.
- **Pediatric dentists (Pedodontists)** limit their practices to children and teenagers.
- **Periodontists** treat diseases of the tissues that support and surround the teeth.
- **Prosthodontists** specialize in the restoration of natural teeth and/or the replacement of natural teeth with crowns, bridges, dentures, implants and other procedures.

* Some procedures or visits to specialty care dentists may not be covered. Please consult your plan booklet for complete details about limitations and exclusions.

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**Delta Dental's Mission:**

To advance dental health and access through exceptional dental benefits service, technology and professional support.

We Keep You Smiling®

Why do millions of enrollees trust their smiles to Delta Dental?

- Substantial savings from our comprehensive cost management systems
- Extensive dentist choice
- A world-class approach to service



Visit our web site at:

www.deltadentalins.com

For Questions Regarding,
Delta Dental PPO

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Delta Dental Customer Service
Monday through Friday

For Questions Regarding,
DeltaCare USA

Call 800-422-4234
Delta Dental Customer Service
Monday through Friday

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